



Acknowledgment Receipt

Mailing Date: July 17, 2003

Attorney Docket No. 7015-015

U.S. Serial No. 09/775,232

Inventor(s): Ilwhan Park, et al.

Title: "Automatic Activation of Touch Sensitive Screen In A Hand Held Computing Device"

Attorney: JFS/grc

Express Mail No.: EV 338053425 US

Enclosed are the following documents:

1. Check for \$97.00
2. Postcard for Return Receipt
3. Express Mail Certificate (1 p)
4. Transmittal Form (1 p)
5. Fee Transmittal Form (1 p)
6. Petition for Extension of Time - 1 month (1 p)
7. Amendment and Response (7 pp)
8. Reply to Examiner's Remarks (4 pp)

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Attorney Docket No. 7015-015

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Gloria R. Chavarria  July 17, 2003
Name Signature Date

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Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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**TRANSMITTAL
FORM**

MAY 30 2006

(to be used for all correspondence after initial filing)



Application Number	09/775,232
Filing Date	January 31, 2001
First Named Inventor	Ilwhan Park et al.
Group Art Unit	2863
Examiner Name	Tung S. Lau
Total Number of Pages in This Submission	14 pp
	Attorney Docket Number
	7015-015

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i>	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment and Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i>
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i>
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<ul style="list-style-type: none"> - Return Receipt Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	<ul style="list-style-type: none"> - Express Mail Certificate
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		The Commissioner is authorized to charge any additional fees to Deposit Account 50-1467.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm and Individual name	Law Office of John Schipper John F. Schipper, Reg. No. 26,994
Signature	
Date	7/17/2003

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as Express mail in an envelope addressed to: Commissioner for Patents, P.O.Box 1450, Alexandria, VA 22313 on this date

Typed or printed name	Gloria R. Chavarria
Signature	
Date	July 17, 2003

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

FEE TRANSMITTAL

for FY 2002

MAY 30 2006
PTO-88

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 97.00)

Complete If Known

Application Number	09/775,232
Filing Date	31 January 2001
First Named Inventor	Ilwhan Park
Examiner Name	Tung S. Lau
Group Art Unit	2863

Attorney Docket No. 7015-015

METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)					
1. <input checked="" type="checkbox"/>	The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:						
Deposit Account Number	50-1467	Fee Code	Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description		Fee Paid
Deposit Account Name	Law Office of John F. Schipper	105	130	205	65	Surcharge - late filing fee or oath	
<input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17		127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		139	130	139	130	Non-English specification	
2. <input checked="" type="checkbox"/> Payment Enclosed:		147	2,520	147	2,520	For filing a request for reexamination	
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other		112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
FEE CALCULATION							
1. BASIC FILING FEE							
Large Entity Fee Code	Fee (\$)	Small Entity Fee Code	Fee (\$)	Fee Description		Fee Paid	
101	740	201	370	Utility filing fee			
106	330	206	165	Design filing fee			
107	510	207	255	Plant filing fee			
108	740	208	370	Reissue filing fee			
114	160	214	80	Provisional filing fee			
SUBTOTAL (1)				(\$ 0.00)			
2. EXTRA CLAIM FEES							
Total Claims	07	20	= 0	Extra Claims	Fee from below	Fee Paid	
Independent Claims	04	3	= 1	X 9.	= 0		
Multiple Dependent				X 42.	= 42		
				X 140.	=		
Large Entity Fee Code	Fee (\$)	Small Entity Fee Code	Fee (\$)	Fee Description		Fee Paid	
103	18	203	9	Claims in excess of 20			
102	84	202	42	Independent claims in excess of 3			
104	280	204	140	Multiple dependent claim, if not paid			
109	84	209	42	** Reissue independent claims over original patent			
110	18	210	9	** Reissue claims in excess of 20 and over original patent			
SUBTOTAL (2)				(\$ 42.00)			
The Commissioner is authorized to charge any additional fees to the above noted Deposit Account.							
*or number previously paid, if greater; For Reissues, see above							

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	John F. Schipper	Registration No. Attorney/Agent)	26,994	Telephone	(408) 293-9934
Signature	<i>John F. Schipper</i>			Date	July 17, 2003

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